

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Martin L. Ashdown	Confirmation No.:	8112
Application No.:	10/576,981	Art Unit:	1648
Filed:	March 2, 2007	Examiner:	Z. Lucas
Title:	METHOD OF THERAPY		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

This Supplemental Information Disclosure Statement is being filed prior to the mailing date of a first Office Action on the merits. No fee is required.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 08-0219, under Order No. 2202530.00124US1 from which the undersigned is authorized to draw.

Respectfully submitted,

Dated: *Oct. 8, 2008*

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